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ABSTRACT

This report focuses on the foster family home, with special emphasis on the non-relative, county-licensed home in 11 diverse counties of California. The analysis address the following four principal concerns: (1) the process of deciding to remove a child from his or her home; (2) the abuse of children who are already in foster care; (3) the growing interest in foster care "professionalization" and training; and (4) services available to children in foster family homes. The report also calls attention to major problems in data collection and reporting. The first section discusses the decision to place a child in foster care, reviewing the complexities of that action and summarizing findings in each of the counties studied. The following section on abuse in foster care describes steps for use in investigating the charge of abuse and provides county data on incidents rates. A section on training foster parents discusses efforts to raise the status and effectiveness of foster parents through training and describes a model program in Contra Costa County (California). A final section on mandated services covers 11 services and describes the limited availability of those services. A conclusion emphasizes the limitations of the scanty data available and makes nine recommendations. Included are four tables. (JB)

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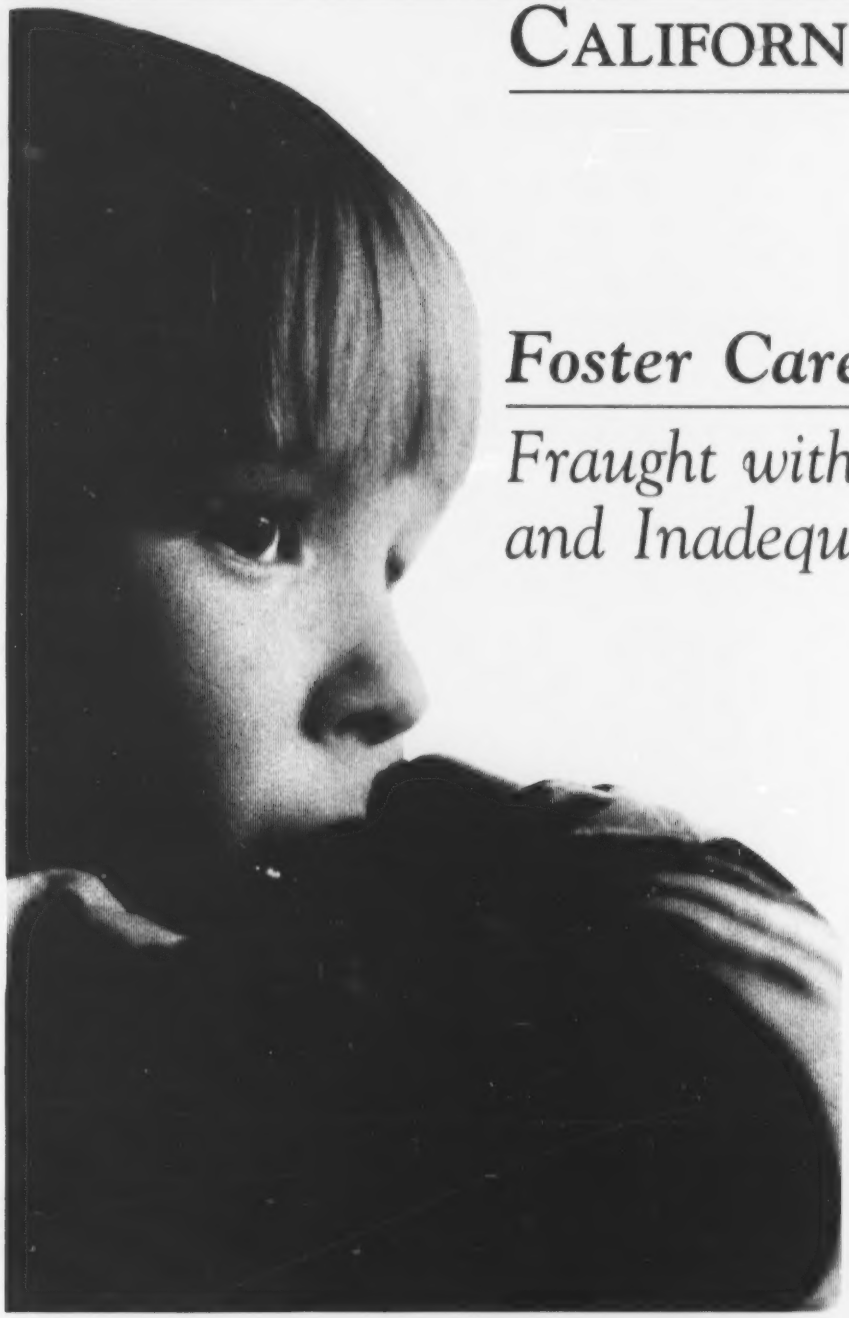

Foster Care:

Fraught with Data Gaps and Inadequate Services

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April 1989

Prepared by:

Joanne Thacker Schneider

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CALIFORNIA CHILDREN, CALIFORNIA FAMILIES

A Prefatory Note

"God's own nursery" -- the phrase nicely captures Americans' perennial faith in the family as the moral bedrock of our social and political institutions. Yet there is growing concern that the American family is under siege, not only from the vicissitudes of a changing economy, but by a modern, permissive life style as well. This state of crisis, some proclaim, threatens to render extinct this building block of American society. Many others fear that our values are eroding, our confidence in the future is fading, and the continuity of our democratic way of life is imperiled.

This is not the first time that such concerns have been heard. Indeed, throughout our history, the development of social policies relating to the family have been spurred on and punctuated by the perception that the family has been under threat and in decline. Historians have traced such periods of alarm over family stability as far back as the Colonial period.

Nonetheless, some very real and remarkable changes have occurred within the last few decades in the structure and role of the family and in the environment in which families rear children. Families have become smaller and more diverse: the fastest-growing family type by far is the single-parent family. (Although the two-parent family is still the dominant family type.) Mothers, including those with young children, have entered paid employment outside the home in ever-growing numbers. The instruments of popular communication, notably television, have decisively entered the household and profoundly altered and reshaped the day-to-day affairs of children and parents alike. The family may indeed be "here to stay," as one commentator has put it, but the trend seems inexorably toward diminished family control and influence in the socialization of the young.

Coincident with these changes, we have begun to witness a growing array of signals that the young are under stress and in trouble. Specifically, a great deal of the concern over the family is rooted in what people perceive as an epidemic of problems related to children and youth. For example, we are experiencing alarming rates of:

Teen and Pre-Teen Substance Abuse
Teen Pregnancy
Teen Suicide
Dropping Out of School
Juvenile Crime and Gang Involvement
Sexually Transmitted Diseases
Teen Unemployment

These problems alone should prompt us to move beyond the lament over crisis and, indeed, beyond the mere affirmation that families are important and into the formulation of a public policy agenda for California families.

This will be a difficult undertaking. Family is a universal experience. Everyone at some time belongs to a family, and everyone has beliefs about what families ought to be. In fact, the issues raised by a family policy tap into some of our most closely held beliefs -- and into traditions rooted deep in the American experience. Any family policy must contend with these beliefs -- many of them fervently held. For example, does a change in family structure necessarily portend a crisis? Are single-parent families, by definition, incapable of functioning as well as two-parent families? A family policy must also grapple with the traditional emphasis of our society, our laws, and our social programs upon the individual, rather than the family, as the measure (and recipient) of all things.

Nonetheless, the progression from concern to policy must be made. The transition can be eased by the realization that we do, in fact, make family policy day to day. Government does things to, and for, the family both explicitly (childcare, family planning) and sometimes unintentionally (housing and land use decisions). All too often these policies are enacted willy-nilly, with no clear overall purpose, failing to take into account recent changes in family life. Senator Daniel Patrick Moynihan

has put the point well:

> *. . . in the nature of modern industrial society, no government, however firm might be its wish otherwise, can avoid having policies that profoundly influence family relationships. This is not to be avoided. The only option is whether these will be purposeful, intended policies or whether they will be residual, derivative, in a sense concealed ones.* [Family and Nation (San Diego: Harcourt, Brace, Jovanovich, 1987) pp.116-17.]

Given both the remarkable magnitude of change in the family landscape, and the very real problems which beset the young, it is a reasonable suggestion that we should begin to think systematically about a family policy agenda for California. Not a single policy agenda, of course. As Senator Moynihan has wryly observed, a comprehensive family policy might be feasible in a small homogeneous society like Iceland, but it is nearly impossible in more heterogeneous nations such as the United States, and out of the question in a place so varied and diverse as the State of California. Nonetheless, the formulation of thoughtful family policies is necessary, and the responsibility falls most appropriately to state governments, since a great many policies and programs which directly impinge on family life are state programs.

California Children, California Families -- a series of publications undertaken at the request of the Honorable Willie L. Brown, Jr., Speaker of the California State Assembly -- represents a step in this direction. The series aims to heighten legislative and citizen awareness regarding how policy affects families. More concretely, we attempt to:

(1) document and clarify recent demographic trends and their effects on families;

(2) review the history of the evolution of the American family;

(3) establish a system for keeping track of the very large number of bills which the legislature considers each year on family issues; and

(4) spotlight specific trends and policies -- in such areas as health, education, foster care, welfare, recreation, childcare, and criminal justice -- which are adversely affecting families and which may require legislative attention.

Any single definition of "the family" is fraught with peril, especially in a state as large and culturally diverse as California. Yet some working definition is essential. We define "family" as a *private, noninstitutional, child-rearing unit.* Our definition stresses function over form. We believe that most Americans view certain family functions -- we term them *public functions* -- as so essential to the well-being of children and the polity that few could seriously imagine doing without them or finding effective substitutes for them. Among these public functions of the family are the socialization and teaching of values to the young; the responsibility for maintaining the health of its children; and preparing the young for work upon reaching adulthood.

Government policies, we believe, should strive to enable all families to fulfill these functions -- whether the families are single-parent or two-parent, female-headed or male-headed, nuclear or extended, natural or foster. **The California Children, California Families** series will attempt to assist legislators in meeting this goal.

This report **California Children, California Families: Foster Care**, developed as a request from Assembly Member Norman Waters. In attempting to answer the questions posed by Assembly Member Waters, this office discovered that the available data was so inadequate that basic questions could not be answered. Thus, this report is not as substantive as we had hoped -- substance can only come after knowledge.

INTRODUCTION

The practice of voluntarily placing a child out of the home of his or her natural parents and into the home of either relatives or strangers has been common for centuries, and continues in an informal way today. A variety of family problems, such as death or sudden illness, can result in the voluntary placement of a child into a relative's home on a more or less permanent basis. The ancient practice of indenturing has its loose counterpart in the young athlete who moves to a distant city in order to train in the family of the coach who might catapult him or her to Olympic glory. These are only two examples of informal, privately-initiated, foster placement -- there are many others.

When the state intervenes, however, and the placement is not voluntary, competing rights and freedoms immediately interact. A complex network of laws and regulations has become necessary to protect both the rights of the child and the rights of the natural parents. Although formal foster placement has been practiced in the United States since Colonial times, only in the past 75 years has a large and well-organized bureaucracy developed to monitor child placements. The use of foster homes by the state has been criticized in some periods and extolled in others -- perceived as the solution to social ills in one decade and the cause of the same ills in another.

Currently, the prevailing belief is that a child is best served in his or her natural parents' home, and that only under extreme circumstances should a child be removed from that home. Recent legislation at the federal [Pub. L. No. 96-242 (May 5, 1980) 94 Stat. 344] and state (California, Chapter 978, Statutes of 1982) levels has established a carefully conceived framework for intervention and services to dysfunctional families. Every effort is first made to preserve a child in their home or return a child to their home with the least destructive intervention possible; if this proves unworkable, the goal is to prevent "foster care drift" or multiple foster placements. So far, however, legislative intent has not been realized. A variety of obstacles continues to frustrate recent legislative initiatives and to undermine the goal of reducing the population of children in out-of-home care.

Before examining recent trends, a few definitions should clarify some of the confusion that regularly occurs in discussions of foster care. There are several kinds of foster care available in California.

(A) The first is ***emergency shelter care,*** *which, as the name implies, should be the initial, brief, out-of-home placement for a child in dire need. Shelter care facilities may be a private foster home, which specializes in dealing with this contingency, or a large institution, such as Los Angeles County's MacLaren Hall, which has 250 beds.*

(B) The second and most common type of out-of-home care facility is the ***private family home*** *-- this is what most people envision when "foster care" is discussed. There are three kinds of homes available for children: (1) the residences of the child's relatives, which are usually not licensed; or foster family homes which are either (2) non-relative, county-licensed homes, or (3) certified homes, which are not directly licensed themselves but are under the jurisdiction of private, licensed, home-finding agencies, such as the Crittenden Center and the Children's Bureau, both Los Angeles institutions.*

(C) If a child's needs cannot be met in a private family home, he or she may be placed in a ***group home.*** *This type of facility provides a more structured, confined setting.*

(D) Finally, a child can be placed in a ***large institution*** *-- this is generally viewed today as the least desirable alternative and is only used when a child's physical or emotional problems make other placements impossible.*

All licensing regulations for out-of-home care institutions are set by the State Legislature and interpreted by the State Department of Social Services. However, the state does not directly license all the facilities. Relative homes are usually not licensed at all; a situation many county directors of children's services find increasingly problematic. Relative homes are not given the same kind of ongoing supervision as licensed foster family homes, and are not subjected to a criminal check on the resident guardians before a child is placed. The largest group of placement facilities, foster family homes, are overwhelmingly licensed by the county in which the home is located. A few (24) homes in very rural communities are directly licensed by the state. Emergency shelter homes, group homes, large institutions, and foster family agencies (also known as home finding agencies) are all licensed by the state. Certified homes are not li-

censed at all: they must meet the requirements for licensing, but they are "certified" by the licensed foster family agency which recruits and supervises them.

The focus of this report is exclusively on the foster family home, with special emphasis on the non-relative, county-licensed home. We have selected 11 counties for preliminary investigation: Alameda, Amador, Calaveras, Contra Costa, El Dorado, Los Angeles, Orange, Sacramento, San Diego, Santa Clara, and Yolo. These counties cover a wide range of characteristics, e.g., urban and rural, large and small, north and south.

Our analysis addresses four principal concerns: (1) the process of deciding to remove a child from their home; (2) the abuse of children who are already in foster care; (3) the growing interest in foster care "professionalization" and training; and (4) the services available to children in foster family homes. We call special attention to several major problems in data collection and reporting. In our judgment, the data now available to analyze foster care in California are abysmal, and fundamentally limit the State Legislature's ability to frame informed policy choices for serious consideration.

THE DECISION TO PLACE A CHILD

The decision to remove a child from his or her home is a very serious and difficult one. In most cases no matter how bad the situation has been, removal from the home tears a child from the people he or she loves and needs more than anyone else, convinces the child that he or she is being punished, and destroys what little security he or she has managed to find -- familiar surroundings, school friends, or a kindly neighbor. Society cannot guarantee that removal will provide a better environment or set of circumstances, although that is the hope. Inevitably, removal sets in motion a long and traumatic process of repeated questioning, unfamiliar placements, court hearings, helplessness, and isolation from family and friends, which would devastate even the most secure, loved, and healthy child. For all these reasons, the decision to recommend out-of-home placement should be made only when all attempts to treat the problem within the home have failed.

This is the reasoning behind both PL 96-242 and California's SB 14 (Chapter 978, Statutes of 1982). Although some progress has been made, it is clear that the intent of these acts is not being realized. In the 11 counties selected for this study, the placement decision is made by a social worker, sometimes in consultation with his or her supervisor. In the larger counties,[1] the decision maker will be either an emergency response worker or an investigative worker, who, ideally, has had considerable experience. There are enormous pressures which, in combination, weigh heavily toward overplacement.

The first and greatest pressure is the unavailability of any early intervention services to the family. Although many pilot projects have demonstrated that early intervention results in low placement rates, few of these services are available in California, even for high-risk families. The most common reason given is that there is no money. The general consensus of children's services personnel, however, is the belief that the financial savings from well-designed early intervention programs would be immense.

A second pressure is that, because Aid to Families with Dependent Children-Foster Care (AFDC-FC) is considered an entitlement program, it is tempting for counties overwhelmed by escalating costs to solve their financial problems by putting a child into foster care where federal and state funding sources provide payment for almost all of the expenses. A recent study concluded that:

> *It was the consensus of the working committee that funding, instead of the needs of the child, drives the services provided. As a result, not all children and youth who require out-of-home care are able to gain access to programs and services because they do not meet existing standards to qualify for funding and appropriate placement. In addition, there are children in [the] out-of-home care system who are inappropriately placed but are there because the funding is inadequate to provide the type of specialized services they require. Services required by several [types of] children in out-of-home care, i.e., centralized mental and physical health assessments, intensive home based services, placement services for substance abusers, and services for medically fragile and mentally ill children are oftentimes unattainable.* (California Health and Welfare Agency Out-of-Home Care Task Force, Report on Service Needs/ Licensing Issues, February 1988, p. 5.)

Finally, there are enormous pressures on the individual social workers. The caseloads, although lowered in the past few years, are still much too large in most counties to enable a worker to maintain consistent contact with his or her client families. Pilot studies, such as Emergency Response in the Community (ERIC) in Los Angeles County, had caseloads of 18 to 25 per worker, while the average caseload in Los Angeles ranges from 40 to 70, with bilingual social workers carrying 70 to 90 cases.

The responsibility for the decision to keep the child in their home falls almost entirely on the worker. Given the huge caseloads, no social worker feels secure enough to not place the child out of the family, in any remotely questionable situation. In addition, there have been several horror stories in the past few years, such as the Creekmore case in Washington State and the Greenberg case in New York. In

[1] County staff responding to certain questions have been identified in general terms to protect the sensitive nature of the responses and comments provided the Assembly Office of Research.

both cases, a young child, who was a county ward, was returned to an abusive parent despite repeated warnings by concerned professionals. In both cases, the child died brutally at the parent's hands. No worker wants to feel responsible for a child's death. Finally, there have been a few criminal indictments of social workers, which makes the decision to keep a child in their home very unattractive, although there may be evidence that this would be the best possible plan. A recent Supreme Court decision, however, while not eliminating social workers' liability, has restricted it and, consequently, has relieved some of the pressure on local departments of children's services. (Supreme Court of the United States, 1989 U.S. LEXIS 1039; 57 U.S.L.W. 4218, February 22, 1989.) Note: At the time of this report, the final version of this decision had not yet been published.

Once the decision a child should be placed out of the home is made, it is the social worker's responsibility to find the most suitable, least disruptive foster care possible. The home of a relative is usually viewed as the most desirable, followed by a foster family home of similar ethnic background, geographically close enough to allow visitation by the natural parents. None of this represents startling insight. However, the reality of placement is quite different.

Because caseloads are so large, and the number of foster family homes so small, the selection of a placement is generally made by one criterion only -- where is there a bed? Directors of children's services (especially in urban areas) are quite candid about this, admitting freely that all the worker attempts to do is find a bed for the child. There is usually an attempt to ascertain if the child has a relative who might be willing to act as a foster parent -- failing that possibility, there is really no attempt to fit a home to a child's needs. Children are often placed, especially in Los Angeles County, at a distance so far removed from the home of their natural parents that visitation is impossible (rather perversely, the parents are then severely penalized for not showing an interest in their child). In other areas, placement out of county is common.

TABLE 1
FOSTER CARE INFORMATION SYSTEM (FCIS) DATA, BY COUNTY
April 1987 to April 1988

	RANKING OF "CARETAKER ABSENT/CARETAKER INCAPACITATED" AS REASON FOR FOSTER PLACEMENT	PERCENTAGE OF FOSTER CHILDREN REMOVED DUE TO "CARETAKER ABSENT/COUNTY CARETAKER INCAPACITATED"
Alameda 522 Cases	1	37%
Amador 2 Cases	2	18%
Calaveras 23 Cases	1	24%
Contra Costa 683 Cases	1	40%
El Dorado 52 Cases	1	36%
Los Angeles 3,828 Cases	2	19%
Orange 615 Cases	1	26%
Sacramento 609 Cases	1	25%
San Diego 1,739 Cases	2	27%
Santa Clara 996 Cases	1	35%
Yolo 126 Cases	1	44%

One result of these practices, not surprisingly, is that there are many "failed placements" subjecting the child to additional trauma and the foster parents to a sense of failure. MacLaren Hall, the emergency shelter facility for Los Angeles County, has used an astonishing 50 percent of its beds for failed-placement youngsters.

The overwhelming sense of loss and isolation a child feels at the beginning of an out-of-home placement is compounded by the fact that social workers often do not provide the foster parents with a history of the child's background, the reason for the child's removal, or other information which might ease the child's transition to a new home. Several foster parents we interviewed claimed that, even when they begged, it was difficult to get information on the child. This practice, they felt, made it almost impossible to show true sensitivity to the child's needs, particularly in the difficult period shortly after placement.

As part of our effort to understand the placing-out decision, we used the statewide Foster Care Information System (FCIS) to determine why were being removed from their homes and to track trends in removal statewide. The most recent data covered the period from April 1987 to April 1988. According to the FCIS -- and a major surprise to us -- the most common reason for removing a child from his or her home was listed as "Caretaker Absent/Caretaker Incapacitated." In Table 1 we rank the 11 counties by frequency with which this category was first or second among all reasons for removal, and by the percentage of foster children removed for this reason.

According to the instruction manual designed to help each county complete the FCIS data collection form, only the primary reason for removal should be coded. The requirements for coding "Caretaker Absent/ Caretaker Incapacitated" as the primary reason are defined as:

. . . means the absence of the caretaker due to hospitalization, incarceration, or death; incapacity of the caretaker to provide adequate care for the child due to physical or emotional illness, disabling condition, or compulsive use of alcohol or narcotics.

Obviously, several different populations have been lumped together in this category, a situation which makes the meaning of "Caretaker Absent/ Caretaker Incapacitated" highly ambiguous. As we interviewed personnel in the 11 counties, however, it became clear that even more serious problems confound data collection for foster care.

To begin with, the criteria for ranking reasons for removal are left very loosely to the individual social worker's judgment. The form lists 13 reasons for removal, beginning with "sexual abuse" and ending with "law violation." But, only one code can be selected -- the "primary" reason -- and the stated and unstated criteria for that determination, as we shall see, vary tremendously by county. In addition, the procedures for coding are anything but standardized. In some counties, the social worker completes the FCIS form directly. In others, the form is completed by clerks, using either the social worker's case file or the petition itself. Finally, in most of the counties, the data entry personnel receive no training; moreover, as far as we could tell, there are no ongoing checks to determine consistency in the data entry process. Below we provide a brief summary from several of our sample counties to demonstrate the wide variation in data collection procedures.

Calaveras

Coding here is based on the most severe reason specified in the petition, although the coder relies on his or her own judgment to rank "most severe." The contact in Calaveras was not surprised at the high proportion of "Caretaker Absent" children, as there were apparently many arrests and jailings for drugs in 1987 and 1988. She assured us, however, that she would not code "Caretaker Absent" for them unless the caretaker had actually been incarcerated.

Contra Costa

The FCIS liaison we interviewed had no idea how the ranking of reasons for removal was done, but eventually directed us to one of the clerks responsible for data entry. This person had recognized and thought through the problems with the form and was able to convey clearly how she coded. "In this county," she said, "coding had been taken from the petition itself." The clerk had interpreted the instruction manual to say that the underlying (rather than the "primary") reason for the child's problems should be coded. She explained that she never coded sexual or physical abuse, and rarely neglect, since in all of these cases, in her judgment, the "underlying" problem was the caretaker's use of drugs or alcohol, or the caretaker's emotional problems. She agreed that most cases had multiple problems, and, furthermore, that most of these would never be recorded using her coding methods. But, she believed that she was following the instructions carefully. This person also interpreted ". . . unable to care for the child due to physical or emotional illness . . . " from the instruction manual to refer to the physical or emotional illness of the child, not the parent. This highly questionable

reading has further complicated the data collection process.

El Dorado

In this county, the presumption regarding coding is that the most serious category is listed first on the FCIS form -- sexual abuse -- and that the categories decrease in severity, with number 13 -- commission of a crime -- the least serious. The intake social worker was not surprised at the number of "Caretaker Absent" foster children, as El Dorado, in her view, is a very violent county, which often sees the murder or death of a child's caretaker.

Los Angeles.

The Deputy Director of the Department of Children's Services in Los Angeles was "shocked" and "stunned" at the number of cases listed as "Caretaker Absent," and assured us that was a gross misrepresentation of why most children enter the foster care system. The most relevant data in her office reflected that "Caretaker Absent" actually ranked fifth among reasons for referral and accounted for less than 10 percent of the total caseload. The largest group of referrals was for physical abuse; next came sexual abuse and general neglect. She also speculated that the over-representation of children coded as "Caretaker Absent" could be tied to eligibility for AFDC-FC.

In addition, a Los Angeles intake supervisor we interviewed could not explain why the numbers of purported "Caretaker Absent" children were so high. As far as she knew, sexual and physical abuse were the primary reasons for removal. She also told us that unlike some of the coders in other counties, she would not include children of chronic drug and alcohol abusers in the "Caretaker Absent" category. (This person provided an additional observation of considerable interest. In recent years, she told us, there has been a substantial increase in formal placements because relative caretakers, who in past years had informal agreements with the natural parents, were no longer able to trust the stability of such arrangements and, consequently, were requesting formal petitions.)

Orange

The program director we interviewed was very surprised at the high ranking of "Caretaker Absent," and directed us to one of the several clerks responsible for the coding. This clerk was "shocked" because she almost never uses this code and interprets it very restrictively; for example, when the primary caretaker is in the hospital, dead, or imprisoned. (Obviously, the other coders in this county must be using different criteria.) This clerk, moreover, reads the entire social worker's report, and then uses her own judgment to determine the reason for removal. Quite often, she disagrees with the reason specified in the petition.

Sacramento

According to the FCIS liaison, ranking the primary reason for removal depends entirely on the judgment of the individual worker. He could not explain the large number of "Caretaker Absent" codes, but guessed that a relative with whom a child had been placed informally might use this code when filing a formal petition for dependency status to qualify for higher reimbursement rates under AFDC-FC.

San Diego

The FCIS liaison in this county was the best informed of all we interviewed on the subject: he knew exactly which groups were included in each category, and why and how they were ranked. In San Diego, sexual abuse is the most serious, and violation of the law the least serious, reason for placing a child in foster care. There are two principal reasons for the high numbers of children listed as "Caretaker Absent." The coders include (1) all children of chemically dependent parents where no physical or sexual abuse has taken place and (2) all infants born with evidence of drug withdrawal or with fetal alcohol syndrome -- two rapidly increasing groups in San Diego.

Santa Clara

The FCIS forms are completed directly by the social workers in Santa Clara. The FCIS liaison was not surprised by the high ranking of "Caretaker Absent" because it was a generic, nonjudgmental category which was very popular with social workers. While staff were supposed to use the most obvious or "presenting" problem, that often translated into what had been coded earlier on the emergency response form, which also included the category of "Caretaker Absent." These data collection procedures, the liaison fully recognized, were not accurately capturing why children are in the foster care system. She further indicated that the "Caretaker Absent" category was presenting serious problems in other areas as well -- for example, emergency shelters. All of the failed-placement teens, she informed us, were being misleadingly coded "Caretaker Absent" as the reason for being in the shelter.

Conclusions

Clearly, there are serious problems with the way the state currently collects data on foster care. Little or no training is provided for either the social workers who complete the forms or the clerks who enter the data for inclusion in FCIS. The instruction manual to guide coding and data entry is vague and ambiguous. Finally, the coding form itself is so badly conceived that it is virtually impossible to tell why children have been removed from their homes.

These are serious matters: the sole reason for the FCIS system is to provide usable information to policymakers and practitioners. This information is essential to determine which services or changes in policy are needed, at both the state and local levels. Equally important, the FCIS data are used to determine county funding levels for children's services. Currently, policymakers who review these data will be either confused or misled. They will have no way of knowing whether parents are dying at an alarming rate, being jailed or imprisoned in large numbers, or -- and this seems more likely -- becoming increasingly addicted to drugs or alcohol to the point where they can no longer raise their own children. In sum, without accurate information, policymakers cannot provide either appropriate funding or appropriate services. A statewide computerized system, with standardized coding instructions and well-trained and supervised coders, is imperative.

ABUSE IN FOSTER CARE

It is difficult to contemplate the suffering and betrayal a child must experience when, after the trauma and dislocation of foster placement, he or she is subjected to additional abuse in the foster family home. One wonders if such a child can ever trust again. Everyone in the child welfare system wishes that this problem never arose, yet all agree that abuse in the foster family home is a statewide problem.

Determining the extent of abuse in the foster family home is no simple matter.[1] One must measure the magnitude, and chart recent trends, in both sustained and unfounded allegations of abuse. This is easier said than done. For example, in conversations with the California Foster Parents Association, we learned that good foster parents are refusing to accept "anyone over age four" because of the rapid increase in unfounded allegations. In these cases, a streetwise foster child has learned how to manipulate the system by alleging abuse (primarily sexual) by a foster family member whenever things are not going the way the child would like. In doing this, the child gets dual revenge: (1) by disrupting the foster family home and (2) by obtaining a new placement which might satisfy more of his or her wishes.

Following the investigation of a charge of abuse in a foster family home, three basic conclusions can be reached: (1) the allegation can be declared unfounded, i.e., the investigation has determined that the charges were false; (2) the allegation can be reported as unsubstantiated, i.e., the investigation has been unable to determine whether the charges are true or false; or (3) the allegation can be determined substantiated, i.e., the investigation has determined the allegation is true, and some court action is usually recommended. Because of the desperate need for foster family homes, however, there is considerable discretion in the handling of allegations of abuse. Occasionally, even when some abuse is substantiated (i.e., slapping a foster child), the foster family is permitted to retain their license if the offending person seeks treatment to correct the problem. It is not clear how, or even whether, such an occurrence

TABLE 2
YEARLY REPORTS OF ALLEGED ABUSE IN FOSTER CARE, BY COUNTY
1984 THROUGH 1987

COUNTY	1984	1985	1986	1987
Alameda	14	9	0	28
Amador	6	0	0	0
Calaveras	13	4	1	6
Contra Costa	206	55	8	2
El Dorado	12	2	0	0
Los Angeles	429	177	633	1,065
Orange	68	45	210	198
Sacramento	62	28	36	25
San Diego	1000*	63	318	630
Santa Clara	12	28	44	39
Yolo	17	8	2	1

* This number seems highly suspect because 986 cases were logged for a single month, and only 14 for the remainder of the year.

[1] The term "re-abuse" would seem appropriate for the problem we are investigating. "Re-abuse," however, has a restrictive meaning within the child welfare field, and is usually used to describe further abuse of a child by the original perpetrator, but at a date subsequent to the initial intervention.

would be officially recorded.

One of the key methods California uses to gather information on abuse in foster care derives from a monthly report on emergency response activity -- the SOC 291 form, filed with the Department of Social Services.[2] One line on this form asks whether a child in foster care was removed because of abuse or neglect. Table 2 displays these data for the 11 counties between 1984 and 1987. (The data, we want to emphasize, are not ideal for this study because they include removals for abuse from group homes as well as from foster family homes, and there is no way to disaggregate the data.)

Because of the obvious irregularities in these data, we asked Calaveras, Contra Costa, Orange, and Sacramento to perform a manual recheck of removals for alleged abuse during a single year, 1987. The process proved highly enlightening.

Calaveras

In Calaveras County it was discovered that the entry clerk had entirely misunderstood the category; all six cases she reported were inaccurate -- there should have been none. Calaveras went beyond our request and calculated cases of alleged abuse in foster care in the first six months of 1988. There were three: two were for physical abuse, one was for emotional abuse, and all three were substantiated.

Contra Costa

Contra Costa County also went beyond our request and counted all reports of alleged abuse in licensed foster family homes for 1987 and the first five months of 1988. (These figures do not include alleged abuse in a relative foster home, since most of these are not licensed.) The results demonstrate again the inaccuracy of the data reported on the SOC 291 form. Contra Costa County reported only two cases in 1987 on the SOC 291 form; there were actually 21 cases of alleged abuse in foster family homes. There were six cases in the first five months of 1988. Of these 27 cases, 15 alleged physical abuse, 11 alleged sexual abuse, and one alleged that the foster parents were permitting the foster child to use drugs. In 20 cases the alleged perpetrator was a foster parent, in six it was another foster child in the home, and in one it was a renter who lived on the property. Following an investigation, 15 of the cases proved to be unfounded (the allegations were determined not to be true), while four cases were unsubstantiated (the investigation was unable to determine whether or not the allegations were true). Thus, in only eight of the 27 cases (30 percent) were the allegations substantiated. In three instances the perpetrator was another foster child (two for sexual abuse, one for physical abuse); in four it was a foster parent (one for sexual abuse, three for physical abuse); and in one it was a renter (sexual abuse).

Orange

Staff of Orange County -- whose data collection procedures seem more sophisticated than those elsewhere -- contacted the "foster care coordination unit," responsible for tracking all allegations of abuse in foster care. Without a manual recheck, they were able to isolate all allegations of abuse in all foster family homes. Unlike the other counties, Orange County staff claim that the data reported on their SOC 291 forms are accurate.[3] In all, there were 45 allegations of abuse in foster care, 31 of which were substantiated. Sexual and physical abuse accounted for most of the allegations (76 percent) and substantiated cases (77 percent), followed by neglect and emotional abuse.

Sacramento

Sacramento County uses slightly different categories for classifying abuse cases: (1) not substantiated, which means unfounded; (2) inconclusive, which means that the allegations cannot be proven (unsub-

[2] It should be noted that these data will no longer be available, as the relevant data element was removed from the SOC 291 form in April 1988. According to a member of the committee responsible for revising the SOC 291 form, the data dealing with abuse in out-of-home care were not being used, so the data element was eliminated. Further, since almost all counties require manual data entry (only three counties are computerized), data collection was both time-consuming and suspect. The committee felt that workers have too many forms to complete, so, as a result, the new SOC 291 form was pared down considerably.

[3] Because Orange County seemed certain of its data, we asked the liaison for the number of allegations of abuse in group homes for 1987 -- the total was 43. When this number is added to the 45 allegations of abuse in foster family homes, the grand total is 88 allegations of abuse in out-of-home care. This number should correspond to the number reported on the SOC 291 form, but, in fact, the form showed 198 cases for 1987. Evidently, Orange County also has problems with the data collection.

stantiated); (3) partially substantiated; (4) substantiated; and (5) continuing, which means unresolved or unclassified. In 1987, according to the manual recheck of data, Sacramento County received 28 allegations of abuse in foster family homes. The number reported on the SOC 291 form for the same period was 25 cases. The inconsistency here is greater than may at first be apparent. The number of cases reported on the SOC 291 form is three cases lower than the number of abuse cases for foster family homes alone, although the SOC 291 form supposedly included abuse cases in foster family homes, relative homes, and group homes.

The 28 allegations were classified as follows:

Corporal punishment: 20 cases total
- 3 not substantiated
- 10 inconclusive
- 3 partiallly substantiated
- 4 substantiated

Physical abuse: 5 cases total
- 1 not substantiated
- 1 partially substantiated
- 1 substantiated
- 2 continuing

Sexual abuse: 3 cases total
- 1 inconclusive
- 2 substantiated

For the four counties asked to perform a manual recheck of foster family home abuse, Table 3 reflects the calculated percentage of total placements (relative and non-relative) in which instances of alleged and substantiated abuse were reported. (Percentages are reported in parentheses next to the number of alleged and substantiated cases.) In no case was the frequency of alleged or substantiated abuse higher than three percent in any of the four counties. Clearly, each individual case represents immense pain for the child victim. Nonetheless, the available data suggest that this problem is not widespread. *A more systematic investigation is certainly called for, however, as the potential for under-reporting on this difficult issue is very high.*

Obviously, there are serious problems with the methods California uses to collect information on abuse in foster family homes. The SOC 291 form has proved to be as unreliable as the FCIS -- and these, we want to emphasize, are the two major data collection instruments relied upon by the entire child welfare system. Now that the SOC 291 form no longer contains the relevant data element, the only method currently available to determine abuse in foster family homes is by means of revoked licenses -- and this method has its limitations.[4] In truth, the state has little usable knowledge on the subject of foster home abuse, and no reliable method to obtain the knowledge in the future.[5]

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[4] Since, by definition, only foster family homes are tracked, a major problem with the SOC 291 data -- the inclusion of group homes -- would be eliminated. But, instances of abuse in relative placement would be lost because relative family homes are usually exempt from licensure. In addition, the license revocation data do not include unfounded allegations. In a very preliminary fashion, we attempted to apply this potential method to San Diego County for 1987. Only eight foster family home licenses were revoked because of substantiated allegations of abuse. While this figure does not include unfounded allegations, eight is a vastly different number from the 630 which the county reported on the SOC 291 form.

[5] Since 1985, the State Department of Justice has been collecting (within the Central Registry) data on suspected child abuse. The SS 8583 form, completed by police and sheriff's departments or county departments of social services, is filed with the Department of Justice. (Other reporting parties, such as physicians, teachers, etc., use the SS 8572 form.) One question specifically requests that if the abuse occurred in out-of-home care, was it in: family day care, child care center, foster family home, small family home, or group home or institution? The intent of the reporting mechanism is to enable the Department of Justice to alert the reporting party (police and sheriff's department, county departments of social services, or others) of any prior alleged abuse either by the alleged perpetrator or to the child. The Department of Justice data collected on out-of-home abuse has been requested by the Assembly Office of Research for further comparison and

TABLE 3
ALLEGED AND SUBSTANTIATED ABUSE, BY COUNTY
1987

COUNTY	ALLEGATIONS OF ABUSE	SUBSTANTIATED ABUSE*	TOTAL FOSTER HOME PLACEMENTS
Calaveras**	3 (3%)	3 (3%)	96
Contra Costa	21 (1%)	7 (***)	1,707
Orange	45 (2%)	31 (1%)	2,348
Sacramento	28 (1%)	11 (***)	2,413

* If we recalculate the percentages of substantiated abuse by using non-relative placements as the base, the frequencies would be as follows: Calaveras, 3%; Contra Costa, less than 1%; Orange , 2%; and Sacramento, less than 1%. But, we believe that the abuse data do not differentiate between relative and non-relative placements; therefore, we prefer the frequencies contained in the table.

** Calaveras County's data are for January through June of 1988. All other data are for the calendar year 1987.

***Less than 1 %

TRAINING FOSTER PARENTS

Only recently have parenting and child care been recognized as skills, rather than as innate, reflexive behavior; this recognition, it is safe to say, does not extend to the population at large. Our society expresses its ambivalent attitudes toward child rearing in the minimal wages paid to professionals working with children. Actually, the unspoken belief is that this work should be done freely, for no financial reward at all. One of the major problems facing foster care providers is how to raise their work to higher status in the face of these unrealistic expectations.

Currently, all the state requires of a prospective foster parent is an orientation meeting, a first aid course, and cardiopulmonary resuscitation. Since these are the only state licensing requirements for parents, any county that wishes to impose higher standards must do so by refusing to place a child in a home where these higher county standards have not been met. The home will be licensed under state regulations, but it will -- theoretically, at least -- remain empty.

The first steps in raising the status of foster parenting have been taken in the development of statewide training programs in California's community colleges. We have found great diversity in training requirements, but a growing consensus that the training of foster parents should eventually be a statewide requirement for licensing.

Of the 11 counties, only Orange and Sacramento have mandatory training requirements. Both counties are being watched very carefully by other counties, as neither knows if it will be able to enforce all of the requirements because the need for foster family homes is so great. But, the Orange County respondent informed us that their program now requires one year of training for emergency shelter foster homes, and that this requirement has been enforced: county staff has finally purged those people who did not attend the training sessions. In September 1988, Calaveras County began a joint program of mandatory foster parent training with Tuolumne County. Unfortunately, the Calaveras representative stated quite honestly that the county will be unable to enforce this requirement.

A few counties have set training standards which exceed state licensing requirements. Orange County, for example, requires four orientation sessions, and Contra Costa and Sacramento counties require three, whereas the state mandates only one. Though not a formal training session, Los Angeles County will not use foster family homes where any physical discipline at all is used. Of the remaining counties in the study, staff reported they would like to mandate formal training, but they believed that the need for beds precludes the possibility of raising standards.

Contra Costa has developed a specialized Placement Program which many in the field see as a potential model for the state. Designed for children with serious emotional problems -- the "ones no one will take" -- it is viewed either as a last resort before institutionalization or as a first home placement after a stay in an institution. The program began in 1980 as an experiment (the first placement was in 1981) and was expanded from 18 to 36 beds in 1985. The children served are primarily those who have been sexually abused -- this was not intentional, simply the result of the serious emotional problems stemming from sexual abuse.

To qualify for this program, a foster family must complete 18 hours of preplacement training (both foster mothers and foster fathers). In addition, the entire family -- foster parents and their children, as well as the foster children -- must attend group meetings twice per month, for two hours each meeting. These groups are very flexible, and vary according to the problems or issues the participants wish to discuss. At one meeting, there might be a group of foster parents and another of foster children; the next meeting might include a group made up of only one family -- both natural and foster -- where a particular problem can be aired. Finally, the foster parents must attend 20 hours of outside training (usually courses offered at local colleges) every six months for the first two years they are in the program.

Although there was no official "hot line" offered as support to these foster parents, the former director, who initiated the program, told us that she was the hot line. Her policy was to provide as much support as the foster parents needed or requested. If a foster mother with three severely disturbed youngsters needed to call every day, the program directc. felt it was a small price to pay. Foster parents desperately need support, she felt, but the trend now is to make them completely independent -- support is discouraged.

Because these families served the most severely

disturbed children, they received supplemental funds for specialized care in addition to the basic AFDC-FC payment. However, this amount was still much less than the amount the county routinely paid private group homes and, in some cases, less than the amount paid to foster family homes not in the Placement Program. The program also gave a raise of $20 per month per child every six months for the first two years. This was, in effect, payment for the additional outside training required for participating and licensing in the specialized program.

In the program's seven years of operation, only one instance of abuse has been proven, and it was relatively minor: a foster mother was found to have slapped a child. There has been no sexual abuse, although these children, because of their histories, are at the highest risk.

A new director has recently assumed this pioneer program. Several changes have been made, and only time will tell how successful the program will be. The experience of this program strongly suggests it is possible, with high training requirements and ongoing support, to maintain difficult-to-place children in the least damaging of settings at relatively low cost.

Raising the status of foster parenting and enhancing its professional attributes may positively affect recruitment efforts -- much as has been proven to be true historically in the recruitment of teachers [see Michael Sedlak and Steven Schlossman, Who Will Teach? (Santa Monica: The RAND Corporation, November 1986)]. Realistically, however, many other problems contribute to the current state of emergency in recruiting and keeping good foster family homes. In Los Angeles County, for example, despite an active recruitment program by the Department of Children's Services and the Probation Department, the need for more and better foster family homes remains critical. According to a recent study, in the single month of February 1987, there were 247 applicants for foster care licenses; of these, 195 were denied or withdrew their applications. Only 95 new licenses were issued, while, during the same month, 56 prior licenses were terminated.[1] Many child welfare professionals believe that an active state recruiting program is essential to give the counties additional, badly needed assistance in sustaining commitment from high-quality foster families.

Dropout is another serious problem. In the Los Angeles County study mentioned previously, the most common reasons given for dropout were:

- Inadequate reimbursement and delay in payment;
- Difficulty in reaching and receiving supplementary help from an overloaded child welfare system;
- Children who are more and more difficult to handle;
- The need to move into the work force in order to earn higher wages;
- Family stress and breakdown;
- The need for respite care and day care; and,
- Problems associated with lack of training and/or ability to cope.

At a recent conference on foster care training held in Irvine, we informally interviewed 20 foster mothers about the problems that most concerned them. Not one cited money as a major problem or reason for dropout. Contrary to what one often hears, few people become foster parents primarily for the financial rewards. The United States Bureau of Labor Statistics estimates it costs $375.00 per month to support a two-year-old child. Foster parents of preschoolers in California receive only $294.00 per month, or 78 percent of the necessary amount (please see Table 4). Furthermore, during the past several years, cost-of-living adjustments have been cut on a fairly regular basis. Despite this, the major complaint regarding money expressed by the foster mothers was that the $75 per year clothing allowance was totally inadequate.

TABLE 4
AID TO FAMILIES WITH DEPENDENT CHILDREN-FOSTER CARE (AFDC-FC) RATES
1988

AGE OF CHILD	BASIC MONTHLY ALLOTMENT
0 - 4	$294.00
5 - 8	$319.00
9 - 11	$340.00
12 - 14	$378.00
15 - 18	$412.00

Our interviewees felt that a variety of concerns other than money, such as respite care, school enroll-

[1] The discrepancies in the numbers are caused by applications carried over from previous months.

ment, child abuse, and lack of information, were far more trying in fulfilling their foster care responsibilities.

Respite Care

Respite care was the most urgent need. Current policies encourage foster parents to be totally independent. This, we were informed, is an unrealistic expectation since foster parents are untrained and unsupported yet responsible for a population of children with very serious problems.

Tension exists between the current policy of keeping children in their home as long as possible, and the possibility of damage to those children as a result of this policy. Child welfare professionals and foster parents alike claim that recent policies, which keep children in dysfunctional homes longer, and recent social trends, such as pervasive drug abuse, have created more seriously disturbed children than society has previously seen. Every person we interviewed agrees that the population of children in foster care has changed dramatically in the past few years. As one official said, "I know it's true, but I can't prove it." Foster children today, we were informed, are:

- Much more severely disturbed emotionally -- some feel this is a result of keeping more children in their own homes longer, as well as returning children to their own homes after only minimal services to the parents and none to the child;
- More impaired in their learning abilities -- this may or may not be true, as society has only recently become knowledgeable about this subject;
- More likely to come from extremely anomalous family situations -- children from crack houses, for example, or children who have seen a parent or relative murdered;
- Very difficult to place -- the best example is the teen and her baby. This population is growing rapidly, and requires a very skilled foster family; or,
- Medically fragile -- this group includes AIDS babies, babies of drug-addicted mothers, and babies with fetal alcohol syndrome.

School Enrollment

A second gnawing problem involves youngsterswho have not been in school for a long period of time. Foster parents must take great pains to cut through the bureaucracy and get them enrolled in school -- sometimes months, since they rarely have the required records. An even graver problem involves teens who turn 18 but are behind in school -- perhaps only sophomores. They are simply abandoned by the foster care system; no more public money is available for them. Previously, a foster child was able to receive money until age 21 if he or she was a full-time student. When the eligibility requirements for AFDC were changed in 1982, however, foster children were no longer eligible for funds after the age of 18. It would seem that this previous policy made more sense, since a high school dropout without money or skills is a prime candidate for a lifetime on welfare rolls.

Child Abuse

Most foster parents, as well as experts in the various bureaucracies, openly acknowledge the reality of abuse in foster family homes and believe that its extent is seriously under-reported. This may account for the discrepancy observed earlier between the low number of reported cases and the high level of foster parents' concern.

Lack of Information

As noted earlier, foster parents complain they are not always informed of severe trauma and/or emotional problems affecting the children brought to them, because placement agencies fear foster parents might not accept the child if they knew the truth. From what we heard, however, this policy generally has the opposite result. Foster parents understandably become distrustful after a bad experience, but if they were completely informed of the child's problems, they felt better prepared emotionally to deal with that child. Social workers rarely treat foster parents as equals;[2] they often give the new foster parent no history at all on the child, and delay providing this information for long periods of time after the child is in the home. This practice surely presents a danger to the child as well as to the foster parent. It seems only fair that foster parents have the opportunity to give their informed consent to accept responsibility for a child, and that social workers should not be so desperate to place a child that they do everything short of lying about a child's background and history.

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[2] A joint training program pioneered by the foster parent education system in Los Angeles, which brings together equal numbers of social workers and foster parents, appears to have substantially improved understanding and communication between these often antagonistic groups.

MANDATED SERVICES

For county social workers, the most frustrating area of foster care involves the delivery of services to the families under their supervision. Child welfare professionals recognize the urgent need for treatment services for children who have experienced the wrenching process of being removed from their homes. Furthermore, SB 14 clearly mandated certain services to foster children and their caretakers. But, despite the professional consensus and legal mandate, most counties are unable to provide more than a fraction of the services which legislators initially assumed would be available. (To restate: we are referring here to services to families already in the dependency system -- the unavailability of prevention or early intervention services is a separate problem previously discussed.)

Certainly, the unavailability of prevention programs adds to system overload, and the overburdened system, in turn, lies behind the failure to provide mandated services. Other factors are also at play. According to counties' staffs, the major problem is funding: money goes for budget priorities, such as court-ordered evaluations and housing costs. When a child's placement cost is higher than state-approved rates, county funds must augment the difference. Lack of interaction, communication, and cooperation between county agencies is another problem which inhibits service delivery. The result of these difficulties is that, despite explicit legislation, children in foster care are not receiving many of the mandated services.

This is not new or startling information (Report of the California Senate Select Committee on Children and Youth, December 1986). Nonetheless, a clear picture of how counties attempt to deal with the problem of service delivery is not available. Consequently, we asked the sample counties which of the required services were provided. By examining each required service separately, the similarities and differences among the counties become clear.

Counseling

The very term, "counseling," creates confusion in the context of mandated foster care services. SB 14 mandates "counseling" by a social worker, not by a mental health professional. Nevertheless, because each kind of "counseling" is a service badly needed by children in foster care, we shall discuss both.

In most of the sample counties, the counseling provided by social workers in the Emergency Response unit (which evaluates a crisis and determines whether or not the child should be removed pending an investigation) was considered adequate. The counties agreed that time, money, and personnel were inequitably assigned to this initial intake component, at the expense of ongoing case management.

In most of the counties, social worker contact other than emergency response was rated inadequate -- superficial at best, nothing more than "putting out fires." Two factors emerged as vitally important: (1) the overwhelming size of workers' caseloads and (2) the increasing numbers of difficult-to-place children. Several counties' representatives estimated that, given the size of the average caseload, social workers could spend, at most, three hours per month per child. The reality is, however, that the majority of a worker's time is taken up with emergencies and placement changes. To change a placement ranged from 15 to 17 hours -- roughly equivalent to the monthly time allotted to five foster children. Although the interviewees could not say how many placement changes a worker had each month, most said "many." The result is that, for the most part, there is no "counseling" by a social worker. A child in placement might receive one telephone call per month, while the worker's time is consumed with crisis management.

Notice, we have not even mentioned the workers' responsibility to the child's natural parents or caretakers. When the children are receiving only minimal contact, it goes without saying that the adults receive even less. Unfortunately, family reunification, which is the ostensible policy goal of the statewide system, becomes increasingly unrealistic under these circumstances.

Some additional, related problems need attention. Several counties' representatives stated that the social workers' inability to provide sustained contact with the families under their care was exacerbated by unreasonable court-ordered reports. It seems that a vicious cycle is taking place. Social workers are not monitoring or facilitating court orders, so judges, in frustration, require additional hearings. These in turn require additional reports, which result in less time for the worker to spend monitoring the families. Aside from the obvious solution of smaller caseloads, it would seem that a larger support staff would free the workers to do the jobs for which they have been trained. If a good secretarial staff could write reports, fill out forms, provide social histories, and update records, social workers would have con-

siderably more time to provide counseling and appropriate placement services. (The State of Washington has recently implemented such a change.)

Finally, in the large, urban, southern California counties, there is an acute shortage of Spanish-speaking social workers. As a result, caseloads of bilingual workers are overwhelming. As one social worker recounted in frustration, "... it is an impossible task to see all these children including parent or parents . . . real contact numbers would alarm and alert supervisors to single out individuals not for assistance but for disciplinary measures" (statement of Dan Ramos, representative of Local 535 Service Employees International Union, at hearing of the United States House Select Committee on Children, Youth, and Families, at Los Angeles, April 11, 1988). These southern California counties reported that the shortage of Spanish-speaking workers was a very serious problem, although the northern counties with large immigrant populations felt that they had enough bilingual workers -- i.e., the caseloads were no greater than average.

Thus, for various reasons, foster children and their families are not receiving the ongoing contact from social workers that was mandated by SB 14, and mental health professionals have been unable to pick up the slack. As the California Health and Welfare Agency Task Force on Out-of-Home Care reported:

> *Therapeutic services to help the child deal with the neglect and abuse are not required, and support services for foster families, such as respite care, are lacking. Children do not have an entitlement to mental health treatment . . .. There are far fewer "therapeutic" services to children and their families than is commonly believed, largely because county case management services funded under Title IV-B are confused with direct therapeutic services.* (Report on Service Delivery/Coordination Issues, February 1988, page 3.)

The respondents reported that mental health care for foster children was nothing short of a disaster. Medi-Cal, the only method of payment for most dependent children in foster family homes, permits only two visits to a psychiatrist or psychologist per month. (More than two visits are permitted with prior authorization, but, according to the respondents, the only group usually authorized for additional visits are those children who require medication, and therefore the continued supervision of a psychiatrist.) From a therapeutic viewpoint, most experts would agree that twice a month is generally useless -- children find it impossible to retain a sense of continuity with such long intervals between visits. A further problem is that fewer and fewer physicians are willing to accept Medi-Cal patients because of the amount of paperwork and the delays in receiving payment. In El Dorado County, for example, we were informed that no private physician will accept a Medi-Cal patient, and county mental health services are currently being cut back. A final problem, according to the respondents, is that the wait for mental health care is so long that often a new hearing is scheduled before any therapeutic intervention has occurred. These delays undermine such specific goals of SB 14 as family reunification and minimal out-of-home placement.

One of the few avenues of help for abused children has been the Victim-Witness Fund. Originally established by the federal government to assist all victims of crime, this fund provides for a maximum of $46,000 per child for treatment needs. Any dependent child who can be shown to be the victim of a crime (usually by reason of a children's services or police report) is eligible. Unfortunately, there have been serious problems and misunderstandings connected with Victim-Witness money.

Until very recently, most counties were unaware these funds existed. Even now, there are statewide problems in training local agencies in the methods necessary to obtain needed money for the children under their care. A further problem has been that of serious delays in payment to those providing services to eligible children. In May 1988, the *Sacramento Bee* reported a two-year delay in payments to the largest treatment center for abused children in Sacramento. As a result, there were serious cutbacks to the program. For El Dorado County in 1988, there was more than a two-year wait for payment, so no private therapist would accept a child qualified for Victim-Witness money. At the same time, the State Board of Control was attempting to eliminate all abused children from eligibility, because of a mistaken belief that their mental health needs were met by other funding sources.

Today, there is a somewhat rosier picture. The respondents reported a 90-day average turnaround in payment for processed claims. Although there are no reliable data available on the number of children in California who currently receive Victim-Witness money, sources estimate the number at between 6,000 and 10,000. The State Board of Control is aware of the desperate need for funds for children, and is no longer attempting to eliminate eligibility.

More problems remain, however. As stated previously, county agencies are just beginning to learn how to access this fund, and training is neces-

sary statewide before an eligible child is automatically assured of money for his or her treatment needs. Also, the Governor has proposed borrowing from the Victim-Witness Fund some $30 million for another program. This, we believe, would set an unwelcome precedent for using a funding source, which has never been clearly understood and which, as a result, is vulnerable to manipulation.

A final problem is Medi-Cal's rate of payment. We interviewed several child psychiatrists in Los Angeles who have been in practice for a number of years. They informed us that in 1968 the fee for a private patient was $35.00 for a 50-minute hour. At that time, Medi-Cal paid $30.00. Today, the standard fee for a private patient is $125.00 for a 50-minute hour. (University of California-Los Angeles charges $110.00 for a psychiatric resident, who is not yet certified by the California Psychiatric Examiners' Board and who has little experience.) Medi-Cal, however, will pay only $32.50 if treatment is approved, which is not often. The psychiatrists we interviewed said that, although they took Medi-Cal patients regularly 20 years ago, they refuse to do so today. Instead, they will see one or two patients free of charge, rather than deal with the Medi-Cal bureaucracy.

In sum, one of the most important services mandated for foster children and their families -- counseling -- is simply not available, either by means of sustained social worker contact or mental health intervention. Until policymakers address this unfortunate reality, the state cannot hope to resolve the problems of the dysfunctional families in the state's foster care system, or reduce the pain and prevent the lifelong harm of abuse or neglect in childhood.

Crisis Intervention

As discussed previously, all of the money, energy, and personnel in the child welfare system goes to the front end -- not to prevention, but to the initial intake into the system. As a result, according to the sample counties, "crisis intervention" is working -- in some cases, very well. However, county representatives do not take pride in a job well done. When interviewed, they readily granted that their success in crisis intervention was at the expense of other important services.

Emergency Shelter Care

Shelter care is defined as "the provision of a protective environment for a child who must be immediately removed from his/her own home or current foster care placement, and who cannot be immediately returned to his/her own home." From the definition, it is clear that there are two specific populations of children requiring this service: (1) the children just coming into the foster care system and (2) the children who have "failed" a foster placement. The sample counties have various systems for emergency shelter care, and report success and satisfaction in varying degrees.

In the rural counties, the Department of Social Services contracts emergency shelter care with certain designated foster family homes, which are supposed to be available 24 hours a day. Representatives of these counties report that, in general, the system is working well, except on the occasions when these homes are unavailable. The overall state of this service is acceptable, however.

The smaller urban counties seem to vary widely. In one county, the system of a shelter and large satellite homes worked well. This county had adequate beds for incoming children and, by means of a program of training and assisting foster parents, had reduced the numbers of failed placements.

The employees of a second, primarily suburban, county reported serious problems. This county also uses a large shelter facility and specialized foster family homes, and contracts out this service. The respondent stated, however, that there were several very critical problems involving shelter care. The first concerns failed placements -- at the time, 75 percent of the beds in the shelter facility were occupied by failed- placement children. A second problem is the constant battle between the state mental hospital and the licensing authorities over seriously disturbed children. In increasing numbers, children in this county are being declared too disturbed for the emergency shelter facilities, but not so disturbed as to require hospital commitment. Finally, and most serious of all, the rise in the numbers of infants born chemically dependent is threatening to overwhelm the emergency shelter system. In this county, the department is attempting to place at least two "drug babies" per week -- there are not enough homes or facilities for these children, and the numbers continue to rise.

Another urban county's representative reported similar problems. In this county, plans for a badly needed, larger shelter care facility are moving forward. The respondent reported that the department is "using up" all the available foster family homes in the county for emergency shelter and, as a result, has no homes available for long-term care. Because of this catch-as-catch-can placement style, there are

many bad "fits" between children and foster parents, which increases the probability of failed placements and creates even more problems for the emergency shelter care system. At the time, more than 50 percent of the emergency shelter beds were for failed placements; moreover, "emergency" care commonly lasts up to one year.

Of the sample's large urban counties, one contact reported serious problems, another a much rosier picture. In this county reporting problems, the issues were similar to those already mentioned: many disturbed children with no place to go except the emergency shelter facility, large numbers of failed placements (occupying 60 percent of the beds at this county's emergency shelter facility), and rapidly growing numbers of drug babies. In this county, there are currently over 100 of these infants in various large emergency facilities, and another 100 in contracted foster family homes.

In sharp contrast, staff with the other large county stated that its system of emergency shelter care is working well. This county has a new, state-of-the-art major facility, one that could serve as a model for the rest of the state. Between this institution and a network of satellite foster family homes, the emergency shelter component of the service delivery system is more than adequate for their needs. With the exception of a few peak months, there are enough homes available for long-term foster care, so children's stays in emergency shelter are brief. Finally, this county has very specific resources for failed-placement children, and, as a result, they occupy only 27 percent of the beds in the emergency facility. The only serious potential problem with this network concerns the drug babies. Although this county has yet to experience the rapid rise in the numbers of these infants reported elsewhere in the state, in the two months prior to the interview new cases had increased dramatically. The respondent stated that he hoped this was only a temporary aberration, but admitted that if the recent growth they were experienceing continued at the current rate, there would not be enough beds in the county for these children.

In sum, it appears that the most critical problems with providing emergency shelter care concern the drug babies, the mentally ill children, and the failed placements. All of these groups require intensive services and long-term care; none belongs in emergency shelter facilities. One county spokesperson suggested that the answer for emotionally ill children might lie in Community Treatment Facilities, which were authorized by the State Legislature in 1985 but have yet to be implemented. These facilities, which are still in the conceptual stage, would be more structured than foster family or group homes, but less restrictive than a state institution. Since Community Treatment Facilities are greatly needed in all but the most rural counties, and have already received legislative approval, efforts should be made to ensure their establishment. For the very disturbed children, more acute care hospital beds must be made available. Furthermore, it should no longer be necessary for them to be declared dependents in order to get some kind of care.

Drug babies pose a unique and difficult policy problem. Since we are unsure how extensive the long-range problem will be, it would seem prudent as a first step to investigate the situation statewide, in order to provide an overview of current needs and available services in both prevention and care. It seems clear, however, that many more facilities, both large institutions and specialized foster family homes, will be needed soon. Recruitment of trained foster parents should, therefore, begin at once. Since these infants are not eligible for Victim-Witness money, an alternative funding source must be established for their treatment needs. *Resources and energy must be applied now to this problem if the dependency system is not to be overwhelmed by it.*

Information

As a required service in foster care, information is defined as "enabling a person to have current, accurate knowledge regarding available public and private resources established to help relieve socio-health problems." The need for an information service varies widely among the sample counties but, in general, the larger the county, the greater the need and the less likelihood of its availability.

In the small, rural counties, the community resources are well known to social services staff. In addition, various county agencies appear to rotate responsibility for issuing updated manuals, so this service is adequate. Representatives of the smaller urban counties report some dissatisfaction -- "we're doing the best we can" is the general response. Social services staff of the counties in this group stated they relied primarily on trained staff for information on resources, but only one county's staff clearly reported there was much sharing among social workers. Resource manuals in these counties are fairly well updated and readily available, so having ready access to basic information is not an acute problem. Staff of one of these counties, however, raised an issue relevant to the entire state. The respondent reminded us that there is so little on-going contact with the families in the dependency system

that social workers really do not know what the family members need. Information on resources is provided primarily in response to a court order or a direct request, rather than being initiated by a social worker. In the large urban counties, the information resource service is seriously inadequate. Volunteers in one county staff two resource desks outside dependency courtrooms, but it is almost impossible to keep the various manuals and materials updated. This county provides a regularly updated information system, which is open 24 hours a day. We viewed this system, which is about to be computerized, and learned that it provides resource information to the general public on all government and nonprofit programs, from soccer leagues to drug rehabilitation. Unfortunately, there has been virtually no outreach to the county agencies, such as the Department of Children's Services (DCS), which might use this system. No one records how frequent county personnel call to use the system, and no attempt has been made to inform county agencies of its existence. When we inquired whether relevant information could be downloaded to a DCS computer system, for easier accessibility by social workers, we were informed that would be many years in the future, if ever.

In another large urban county there is no information system, but, like the smaller counties, staff relies primarily on the knowledge of experienced social workers. This county's representative stated that the department has tried with no success to get county funds for an information system, and that he is now attempting to link with resource bank developed by another county organization.

In today's society, every social worker should have immediate access to reliable information on local resources. As a required service component, the provision of accurate, current information is technologically feasible, and holds potential to facilitate the development of private-public partnerships. Apparently, the crucial need for information is in the large urban counties, where sophisticated corporate computer systems abound. It would be ideal to use the resources of the private sector to help subsidize this valuable public service. We believe that the possibility of forging a cooperative effort should be investigated. A public/private partnership would be a valuable public relations venture for a computer company, and could also serve as a demonstration market. Tax incentives for such a project might increase its attraction to the private sector.

Initial Intake

California defines "initial intake" as "investigating the circumstances and facts regarding a referral for emergency response services to determine the potential for or existence of any condition which places children at risk and in need of services; and to determine the services which would best serve and protect the children's interest and welfare."

As discussed previously, California is placing top priority on a child's first encounter with the dependency system. In the counties examined, the initial investigation is done within the time limits required by law, although this efficient procedure often comes at the expense of other uses of the available social workers' time and energy. The initial determination of services required, however, is restricted to services which are already available, not necessarily the services which would best meet the child's needs.

Out-of-Home Respite Care

Out-of-home respite care provides for temporary child care in a residential setting other than the child's own home, in order to give the parents or guardians of the child time to "improve or maintain the parenting function." It is restricted to a 48-hour placement, with no more than 10 placements in a six-month period.

Adequate provision of this service is mixed. Of two large urban counties in our sample, one provided a smoothly functioning program while the other had no program at all. Of the suburban counties, staff of two reported negligible services while the third provided an adequate program. The small rural counties contracted with an agency to provide this service, but because only minimal funding was budgeted, they usually exhausted funds and had to discontinue service provision. Despite the fact that respite care for natural parents is mandated by state regulations, the state does not provide funding for this service. Money is supposed to come from General Fund allocations. Unfortunately, several counties' sources stated, this allocation does not even cover the cost of staff salaries. "We're having to use additional county money for basics, like staff, and the state says we get enough for everything," was the general complaint.

Although out-of-home respite care is only mandated for natural families, several counties' representatives emphasized the importance of providing such services to foster parents. Here, also, the reports from the sample counties contained significant variations. In two counties, foster parents received respite care and, in a third, a small, informal program was beginning. The other counties, however, provided no comparable services for foster parents. Representatives of one non-provider stated that foster parents did not wish to be part of a network, so they had no respite care. Another county was able to provide

respite care only because the foster parents recognized the need and formed a group among themselves. This county's staff also reported success using former foster parents, as well as potential "Fost-Adopt" families (these are families who plan to take a foster child they will later adopt as their own) -- the respondent said it was a nice "semiretirement" for the former and a wonderful learning experience for the latter.

The variability of statewide provision of respite care, and the various means by which workers in a few counties manage to overcome delivery problems, clearly demonstrate the need for more cooperation and sharing of information throughout the state. How do some counties manage to afford this service while others claim they cannot? Although there has been talk of legislation providing respite care for foster parents, no statewide mandate has appeared. Lacking this mandate, county children's services staffs throughout the state can probably learn from each other how best to provide this important service.

Parenting Training

California defines parenting training very broadly: "child development, home management and consumer education provided through social services and/or specialized formal instruction and practice in parenting skill achievement." As might be expected, the sample counties varied widely, both in the kind of services offered and the level of satisfaction with them.

There are numerous public and private agencies providing "parenting classes" statewide. Because there is little standardization or monitored evaluation of these classes by any state agency, the quality of the programs varies significantly. Another concern is that, in many communities, there is no differentiation in these classes between parents in intact families who voluntarily attend a class in parenting skills and parents in dysfunctional families (whose children have been removed for neglect or abuse) who unwillingly attend because of a court order. Further, there is usually no attempt to gear the level of parenting skills taught to any particular group of parents. As a result, parents with minimal skills, who are most at risk, are placed in classes where they may be unable to learn from the instruction. Finally, in several counties it is very difficult for inner-city parents, who are often without automobiles, to attend a parenting class.

Delivery of parenting training varied widely among the sample counties. Only one county representative reported that parenting programs were adequate and available for those who needed it (this county had two full-time staff members who provided parenting classes, as well as other county resources). Representatives of two other counties reported that this service was "pretty good" and "no terrible problem."

Respondents for the remaining counties were not as sanguine about their programs. In one small county department of social welfare, using both public and private community agencies, it was reported that the classes were not geared to the dysfunctional families being referred but rather to intact families. Another small county had only one provider of parenting classes, and employees stated that it was "grossly inadequate," both in the number of classes offered and the quality of the instruction. This county was "desperate" for more and better resources.

The respondent in a large urban county reported all of the problems mentioned above, but said they had to "take what they can get." This representative described parenting classes as a "hodgepodge." Moreover, access was bad, and there were no resources to gear classes to the clientele being served. Another county's employees described a parenting program they had used for several years, with excellent results. This parenting class -- taught by graduate students in social welfare from a nearby university -- was specifically geared to the welfare/DSS family and provided very basic training in parenting skills. Now, unfortunately, funding and personnel are no longer available; the program has been discontinued and the services currently provided are inadequate.

Referral

To understand the many difficulties state agencies have experienced in providing mandated referral services, the definition must first be clear. A referral means "informing another service agency that a person desires or requires that agency's services; and assisting the person to avail him/herself of such service." So defined, a referral becomes much more than simply providing information to a client; it becomes a key component of the state's social service system. When children are being removed from a family for abuse or neglect, there is almost always a need for additional service agencies to assist remaining family members -- perhaps to treat chemical dependency, regularly to provide economic assistance or housing, often to provide various kinds of support and health care for depressed and isolated caretakers.

Social workers encounter a number of character-

istic problems in making referrals. First, there may be a lack of available agencies providing the necessary service -- this is the case with inpatient treatment of drug and alcohol addiction. Consequently, it may take many hours, spread over a lengthy time period, for a worker even to locate an available agency. Second, the client may be reluctant to avail himself or herself of this service, despite court orders to do so. Obviously this requires the worker to monitor compliance with the referral very carefully, something which there is rarely the time to do. Also, without ambivalence on the client's part, many welfare/DSS parents are extremely passive and unable to follow through unassisted on a referral. Third, when governmental agencies are involved, the paperwork necessary to receive the required service is often confusing and arduous, even for the most literate and determined individual. For a less literate and assertive person, the process is frequently overwhelming and undermines the effort to provide the required service.

In addition to these common difficulties, social workers are able to spend so little time with the children, and even less with other family members, that referral needs never come to light. Serious problems which could be addressed by other agencies often do not emerge until a social worker has invested sufficient time and concern with a dysfunctional family to build bonds of trust.

Of the sample counties, staff of only one was able to report successful compliance with this mandated service requirement. This small, rural county places great importance on referrals, with satisfying results. The department requires parents to sign a document permitting release of information, and a staff member makes the first call and initial appointment to a referral agency. In this county, a standardized referral form has been developed for social workers to use in monitoring both client compliance and progress.

No other counties' staffs interviewed were satisfied with his or her department's ability to comply with the referral service mandate. In one large county, however, there is an attempt to alleviate some of the problem by employing "social worker assistants" who help clients make telephone calls and fill out forms. The drawback to this arrangement is that these "assistants" count as full-time social workers; in reality, therefore, this service is provided at the expense of the senior social workers who must carry a larger caseload.

The remaining sample counties provide varying ineffectual modes of compliance. One county's representative simply said that it was impossible -- there was no time and no resources. Another said the department's efforts were "lousy." This county has actually pulled back on past liaisons with other agencies due to an absence of both time and money; although the dependency system has grown much more complex, there is far less referral assistance than there used to be.

Two counties' respondents said the emergency response teams usually made an initial referral. But, one respondent admitted he had no idea how many referrals were actually made or if the initial referral was monitored. The other county representative said that in most cases no referrals were made.

The most shocking information on this mandated service came, independently, from three different counties. Department representatives reported that eligibility workers (those who determine what benefits families can receive under the law) are penalized for attempting to assist people through the system (by assisting with forms, attempting to get information from other agencies, etc.). In these three counties, eligibility workers are told their first priority must be to keep up with their caseloads, and they are reprimanded for taking valuable time to help a needy family. The contact in one county said, "We have to put all the responsibility on the clients because of these unresolved issues . . . this is a very gray area."

Clearly, there is need for improvement in the delivery of this important service component. The potential value of new procedures -- such as the referral form used by one county or another county's use of volunteers stationed outside the courts to assist families with making referral connections and placing important first calls -- should be widely discussed. The rationale for penalizing workers attempting to help individuals should also be re-examined. If fully implemented, a mandated referral service could provide enormous benefits not only to the families but also to the overloaded dependency system itself. It could address and perhaps resolve at an early stage many of the problems which caused the family to enter the system in the first place.

Teaching and Demonstrating Homemaker

Of all the mandated services, that of "teaching and demonstrating homemaker" evoked the strongest response among the interviewees -- a response filled with nostalgic praise and a genuine sense of loss.[1]

Respondents for most of the sample counties reported that, at one time, the teaching and demonstrating homemakers were considered an outstanding component of service delivery to dysfunctional families. There was general agreement that, in many cases, the teaching and demonstrating homemaker was the only intervention required. As one county social services supervisor said, "Often, after a homemaker had been sent in, we never heard of problems in that family again." Today, however, this service is virtually nonexistent.

The single county which did not miss the lost homemakers was a small, rural county. The social service department's staff reported it had only assessed a need for this service in the past year. Since then, the department does provide homemaking services to a few homes, but it utilizes a "Parent Aide" from another community agency because the county could never pay for this service itself. In another small county there is a homemaker service, but it is provided by a private community agency. According to the respondent, it is "a wonderful program with tremendous problems." Evidently, the budget is insufficient to support a full-time coordinator. Despite predictable administrative difficulties, the general impression is that this program is very effective.

The other sample counties reported varying degrees of frustration at the loss of such a successful service. One representative commented bitterly that when it was an optional service, it was available -- now that it is mandated, there is no money for it. Another contact stated that it "was a great program" but is no longer available -- in this county, social work "assistants" sometimes attempt to play the role of homemakers, but there are not enough assistants. A third respondent stated that she remembered when the teaching and demonstrating homemakers were "a wonderful, complete unit of 14 people. They used to make major changes in families -- it is a tragic loss." In this county, there are now three homemakers but they are "basically taxi drivers" (i.e., they primarily transport families). And in a fourth county, homemakers are being used for transportation and "minimal checks." The respondent explained that the lack of this service was a "serious deficit -- there should be money for some weekly checking of marginal homes. It's nothing like the 1960s when they did such a marvelous job. Now, they're just doing these minimal checks, and they hate it."

In sum, homemaker services have an enviable track record in the state. There should be no need for elaborate pilot projects or demonstration counties -- the usefulness and cost effectiveness of the homemaker is a well-remembered fact. What remains to be done is to re-establish this service as an early intervention tool. Adequate provision and funding could result in a decreased need for additional, much more expensive services.

Temporary In-Home Caretaker

A "temporary in-home caretaker" is defined as "a person who provides temporary care to a child in the child's own home in lieu of out-of-home placement when a parent(s)/guardian(s) is unable to care for the child because of an absence or illness and there is no other caretaker available to provide necessary care." Representatives of most of the sample counties agreed that no attempt was being made to provide this service, primarily because of the fear of county legal liability.

Fear of staggering lawsuits prohibits the counties from even exploring the possibility of in-home caretakers. One contact said they "got around the issue by never assessing the need for such a service." Another respondent suggested that the State Foster Parent Liability Insurance Fund could serve as an example of how to cover potential lawsuits. If the county social service departments had to absorb the premiums for a similar insurance fund for in-home caretakers, the savings could be considerable. Despite California's refusal to implement this service, we

[1] This service is defined as "a person who provides homemaking instruction, through discussion and example, to parent(s)/guardian(s), caretaker(s), and/or families when parent/guardian functioning can be improved by teaching more effective child care skills and home maintenance. Although this does not include the routine provision of regular homemaker services, teaching and demonstrating homemakers may provide direct child care and home maintenance services incidental to the primary goal of improving parenting functioning through demonstrating and teaching the skills required to successfully manage and maintain the home and meet the needs of children in that setting. This instruction is available on a 24-hour basis as resources permit. It does not necessarily have to be provided during the parent(s)'/guardian(s)' or caretaker(s)' presence in the home."

were informed there are successful models for in-home caretakers in other states.

Clearly, the Legislature should explore further the possibility of providing insurance for in-home caretakers. Not only might this service produce a large reduction in county costs for out-of-home placement, the children would be far less traumatized. A youngster, who can remain in his or her own home until a treatment plan can be implemented, is far less likely to develop the serious, long-term problems associated with the dislocation of emergency shelter care.

Transportation

Transportation means "conveying a recipient from one place to another when mobility is necessary to support a specific service plan, and no other means of conveyance is available." Obviously, each county experiences unique transportation problems (e.g., great distances between southern California communities or treacherous weather in mountain areas). According to respondents, there is a tremendous need for this service, but counties rely primarily on stopgap measures.

One county's representative explained that transportation staff is primarily concerned about getting the necessary parties with foster care hearings to court appointments. The limits of this service are apparent: natural parents get a bus pass at best, although their children may be placed so far away that a visit might take an entire day. (A serious problem occurs when parents' inability to visit reflects badly on them in court hearings -- the lack of communication with children in foster care often occurs despite the best intentions of natural parents. Interestingly, foster parents in this county have adapted to the dearth of services by providing most of the children's transportation needs themselves, although this adds to their already heavy burden.)

Most counties in the sample stated they did not have a transportation staff but used case workers or emergency response workers, if necessary. One respondent frankly admitted, "We try not to do it, but we have to do a lot." This county has no good public transit system, but the respondent believed it was small enough to use a central child care facility. If one could be funded, aides could provide child care while caretakers used public transportation to keep the various appointments mandated by their treatment program. In lieu of this, a system of roving child care, booked by caretakers and provided by aides, might suffice.

In another county, most transportation needs were met by a plentiful supply of enthusiastic volunteers. While this arrangement apparently worked satisfactorily, representatives from other counties were skeptical about relying on volunteers because of potential insurance problems. Nevertheless, the need to use volunteers regularly arises. In one small county, for example, the budget for a very capable social work aide to provide transportation services was usually exhausted several months before the end of the year. While ad hoc arrangements could be made to pay parents for mileage, it often became impossible for a parent to visit his or her children when they were placed out of the county. Another small county used a volunteer for some transportation, but the contact admitted it was not always possible to get family members to key hearings affecting the future of their children. This county's staff would like a social work aide, but they lack the budget for one -- as a result, they "can't do as much transportation as the state would like."

Respondents for the remaining counties in the sample were even more discouraged. One contact stated that transportation services were "almost nonexistent," while another said that there were "lots of problems and not nearly enough aides." Bus passes were about the best transportation service most counties could offer their client families.

Provision of mandated transportation services would seem to be difficult in some counties, fairly easy in others. Therefore, several possible solutions should be carefully explored. One would be the more systematic use of volunteers, provided the quandaries of insurance liability could be resolved. A second would be the provision of child care at designated locations, which could facilitate parents' efforts to meet court required appointments. A third alternative might be the use of workfare recipients as transportation aides. (They could also be trained as child care providers if the second alternative was best suited to a particular county.)

It would appear counties have much to gain in attempting to solve transportation problems in the foster care system. Currently, cases tend to drag on and on in court, often because parents can show they were unable to meet the court's orders. If counties were able to assist parents in meeting court orders, the length of time a child was forced to remain in the dependency system might be reduced and cases could be closed much earlier. Unlike some other services, requiring skills and extensive training, transportation can be provided by a large group of relatively unskilled, potential workers. Serious efforts to resolve implementation problems should be made as soon as possible; with better provision of transportation services, the operations of the entire foster care system would be smoother.

CONCLUSIONS AND RECOMMENDATIONS

What can be done? We believe the state should exercise far greater leadership than it has in the design and operation of the foster care system. Foster parenting forms an increasingly important component of the state system of children's services. Foster parents, who are doing a difficult, lonely, and financially unrewarding job, need to have their often heroic efforts legitimized by more supportive state policies.

(1) Reliable information is essential to the formulation of intelligent policy. Unfortunately, current data collection methods are wholly inadequate to the task. The state has no choice but to improve methods of obtaining accurate information on foster care. To that end, we urge a thorough review of data collection procedures. This is a major enterprise. Initially, we would simply suggest a few additional categories be used to explain why a child is being placed in foster care. Additional categories to explain reasons for removal/placement should include:

- o Caretaker absent due to hospitalization or death;
- o Caretaker incarcerated;
- o Caretaker chronically dependent on drugs or alcohol but no sexual or physical abuse of children (this is potentially confusing without other changes because of the close association with neglect categories);
- o Informal placement formalized;
- o Infant born with symptoms of drug withdrawal and/or fetal alcohol syndrome; and,
- o Infant born with HIV virus.

Further, we would also urge that the relevant personnel be trained to code this new information correctly.[1]

(2) It is clear the intent of SB 14 regarding the provision of vital services to foster children and families is not being met. Whether before or after foster placement, services are simply unavailable. Even when the court orders treatment for a child with physical handicaps or a child who has been severely abused, these services are not being provided. In April 1988, Judge Harold Shabo of Los Angeles vividly testified to his frustration in trying to provide services for these children:

I believe that in terms of caseload, lack of services, and a lack of commitment of adequate judicial resources, the dependency "system" itself is engaged in a pattern of neglect and abuse of the children and their families, and the "system" is at such a point of overload that the needs of children and families are not being met in too many cases. Until governments on all levels are willing to make a commitment to provide adequate services through properly administered, community-based resources and to furnish sufficient judicial resources to protect our children, we will perpetuate a system which in itself is cruel and neglectful of families and children. (Statement of Superior Court Judge Harold Shabo, Hearing of the United States House Select Committee on Children, Youth, and Families, April 11, 1988, Los Angeles, California.)

(3) While there is a growing consensus in favor of mandated training for foster parents, the mandate will obviously prove useless if no one expects to enforce it. The dilemma is real: there is so great a need for foster families that counties view any additional requirements may risk the loss of potential foster homes. We believe this view is short-sighted. Many foster families, who burn out quickly, might remain in the system longer if they were better prepared and equipped to cope with especially difficult foster children. Although it may be difficult in the initial years, enforcing the mandate for training of foster parents could encourage a more highly qualified pool of applicants, discourage foster parent dropout, and reduce the number of failed placements. We suggest that training be required in the following areas:

[1] We have had insufficient time to review systematically the entire form for other serious coding problems. It should be noted that several clerks mentioned additional categories, which would be extremely difficult to code. The adequacy of the entire form should be carefully evaluated.

- o General orientation before licensing;
- o Specialized orientations for families taking children with particular problems -- sexually abused, teens, infants and toddlers, medically fragile, etc;
- o Ongoing required training as a precondition for license renewal;
- o Training to include foster fathers and entire foster families; and,
- o Payment to foster parents for their training (research indicates that attendance and involvement by foster parents is highest when attendance is mandatory for both parents and when they are also paid a small sum).

A word should be mentioned about the relative family home. Although it is probably not necessary to mandate the same training for these homes, some ongoing supervision seems advisable. On the positive side, it would assist these relatives in assimilating the foster children into their families and provide the relatives with additional education in child development. On a more ominous note, research evidence strongly suggests that the dysfunction which caused the removal of the child from his or her natural parents is likely to be present at some level in the entire family. Since grandparents are often the relative foster parents, some effort should be made to monitor what may be an ongoing problem.

(4) The state should provide field workers with better guidelines for removing a child from his or her home. Clear guidelines would provide an important tool for the social workers and would lessen their anxiety over making the decision to place a child outside the home. Of course, training classes, to help interpret and apply the guidelines, should also be provided.

(5) Notwithstanding their high caseloads, social workers ought to provide foster parents -- preferably within 72 hours of the child's placement -- with a social history, reason for removal, and other pertinent background information. The child's medical history should also be provided, ideally within two weeks of the child's placement.

(6) Greater efforts should be made to retain personnel -- currently, the burnout rate is very high and few experienced workers remain in the field. To that end, the caseloads of workers should be reduced to a level which permits supervision consistent with safe, in-home treatment.

(7) In seriously dangerous situations, the state should experiment with alternative systems which remove the alleged perpetrator, not the victim, from the home. Baltimore, Maryland, has a multi-agency protocol for handling cases of sexual abuse, which provides an excellent model. The child is kept in the home, and the alleged perpetrator is removed, while both are provided with intensive services. This permits the child to re-establish a relationship with the non-offending caretaker, and at the same time makes clear who the offending party really is. When a child is removed from the home for sexual abuse, most experts agree the child feels his or her guilt is confirmed. Unfortunately, in California we are routinely removing the victim of sexual abuse.

(8) There surely should be a wide range of early intervention services available to high-risk families. The best research available suggests that when these services are in place, the number of children who must be removed drops dramatically. United States Representative George Miller devoted an entire day of hearings in June 1987 to "programs that work" in preventing out-of-home placements. For example, San Francisco County's Emergency Family Care Program served 1,283 children at risk of foster placement during fiscal year 1985-1986. Of the children who received in-home services, nine out of 10 remained in their homes. On a national scale, the National Resource Center on Family Based Services reported that the programs it studied had a success rate of 80 to 90 percent in keeping extremely high-risk children and families together.

(9) The state should provide more direct assistance to counties in addressing the dire need for massive recruitment of new foster parents. Populations targeted should include families with the same ethnic background as the children to be served, and families who live in the areas nearest to the majority of children to be served. Retaining foster parents is a difficult job, and state policy is currently doing very little to encourage retention. Strong support for foster parents, and a genuine attempt to match children with families, should help alleviate some of the problems.